

Please type a plus sign (+) inside this box → ☒

Approved for use through 9/30/00. OMB# 0621-0047
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
A valid OMB control number

Under the Trademark Infringement Act of 1992, no persons are required to respond to a collection of information unless it carries a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) (Required))		Attorney Docket Number	
		First Named Inventor	ARORA
		COMPLETE IF KNOWN	
		Application Number	/
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, past office address, and citizenship are as stated herein next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DERIVATIVES OF MONOSACCHARIDES AS CELL ADHESION INHIBITORS

The application of which ☒ is attached hereto OR ☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] if amended.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 35(d) of any foreign application(s) for patent or inventor's certificate, or 35(d) of any PCT international application which designated at least one country other than the United States of America, filed before and here also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
B6/DEL/99	INDIA	1/15/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are filed on a supplemental priority data sheet PTO/SB/08 attached hereto.

☐ I hereby claim the benefit under 36 U.S.C. 112(f) of any U.S. provisional application(s) filed before:

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Submit Your Statement. This form is estimated to take 1.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. (X) NOT SEND FEES ON COMPLETED FORMS TO THE ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1. I hereby declare that the invention is new.

2. I hereby declare that the invention is not known to the public.

3. I hereby declare that the invention is not known to the public.

DECLARATION — Utility or Design Patent Application

I hereby declare that the invention is new, is not known to the public, and is not known to the public.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a matter of prior art, I hereby declare the following registered trademark(s) to precede the application and in respect of business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	<input type="checkbox"/> Registered trademark(s) name and registration number listed below

Name	Registration Number	Name	Registration Number
Jayadeep R. Deshmukh	34,507		

Additional registered trademark(s) named on supplemental Registered Trademark Information sheet PTO/SB/CX attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence Address below

Name	Jay R. Deshmukh		
Address	Ranbaxy Pharmaceuticals, Inc.		
Address	600 College Road, East, Suite 2100		
City	PRINCETON	State	NJ
Country	USA	Telephone	6097205608
		Fax	6097201155

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that either false statements and the use of such statements is prohibited by law of the United States, or both, under 18 U.S.C. 1001 and that such statements were made with the intent to defraud the United States.

Name of Sole or First Inventor: ☐ A person has been told for this application invention

Given Name (first and middle if any)	Family Name or Surname
SUDERSHAN K	ARORA

Inventor's Signature	Date
<i>Sudershan K Arora</i>	

Residence: City	GURGAON	State	HARYANA	Country	INDIA	City/State	USA
-----------------	---------	-------	---------	---------	-------	------------	-----

Post Office Address	B5/S DLF PHASE-I		
---------------------	------------------	--	--

Post Office Address	QUTAB ENCLAVE		
---------------------	---------------	--	--

City	GURGAON	State	HARYANA	Pin	122001	Country	INDIA
------	---------	-------	---------	-----	--------	---------	-------

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/CX attached hereto

Printed by a plus sign (+) inside the box.

Approved for use through Original 1991 10-1-1992

Under the Patent and Trademark Act of 1995, no patent is required to report to a collection of information unless it contains a valid OMB control number.

Printed and Trademark Office, U.S. Patent and Trademark Office, 400 ...

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
NAWAL				KISHORE			
Inventor's Signature	<i>Nawal Kishore</i>			Date			
Residence: City	KURUKSHETRA	State	HARYANA	Country	INDIA	Citizenship	Indian
Post Office Address	C/O 1534 SECTOR 13						
Post Office Address							
City	KURUKSHETRA	State	HARYANA	ZIP	136118	Country	INDIA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
JANG BAHADOR				GUPTA			
Inventor's Signature	<i>Jang Bahadur Gupta</i>			Date			
Residence: City	GURGAON	State	HARYANA	Country	INDIA	Citizenship	Indian
Post Office Address	349, Sector 14, GURGAON						
Post Office Address							
City	GURGAON	State	HARYANA	ZIP	122001	Country	INDIA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
VISHWAS D				JOSHI			
Inventor's Signature	<i>Vishwas D Joshi</i>			Date			
Residence: City	New Delhi	State	Delhi	Country	India	Citizenship	Indian
Post Office Address	Rambari Research Labs Ltd, A-1, Phase I, Okhla Industrial Area						
Post Office Address							
City	New Delhi	State	Delhi	ZIP	110020	Country	India

Burden Hour Statement: This form is estimated to take 3.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.